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FACSIMILE TRANSMITTAL

TO:

Name: Mail Stop AF
Group Art Unit 3738
Examiner Bruce E. Snow

Firm: U.S. Patent & Trademark Office

Fax No.: 571-273-8300

Subject: U.S. Patent Application No. 09/921,844
Gary K. Michelson
Filed: August 3, 2001
SPINAL IMPLANT SURFACE CONFIGURATION
Attorney Docket No. 101.0084-01000
Customer No. 22882
Confirmation No.: 8295

FROM:

Name: Amedeo F. Ferraro, Esq.

Phone No.: 310-286-9800

No. of Pages (including this): 17

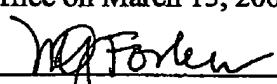
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I hereby certify that the attached Transmittal Form (in duplicate) and Amendment After Final are being facsimile transmitted to the U.S. Patent and Trademark Office on March 13, 2008.


Miyabi Grace Forker

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FORM PTO-1083

MAR 13 2008

Attorney Docket No.: 101.0084-01000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary K. Michelson

Serial No: 09/921,844

Filed: August 3, 2001

For: SPINAL IMPLANT SURFACE
CONFIGURATION

Confirmation No.: 8295

Group Art Unit: 3738

Examiner: Bruce E. Snow

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment After Final in reply to the Final Office Action dated December 17, 2007 in the above-identified application.

No additional fee is required.
 Applicant hereby requests a ***-month extension of time to respond to the above office action.

The fee has been calculated as shown below:

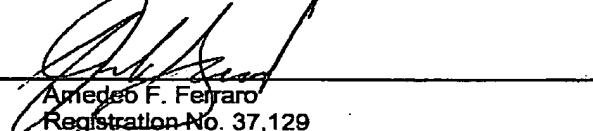
	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	81	-	127	**	LG=\$50 SM=\$25	\$50
INDEPENDENT CLAIMS FEE	2	-	3	***	LG=\$200 SM=\$100	\$200
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$ 0
					TOTAL	\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

The total amount of \$***.00 to cover the ***-month extension fee is to be charged to Deposit Account No. 50-3726.
 The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-3726. A copy of this sheet is enclosed.
 Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
 Any patent application processing fees under 37 C.F.R. § 1.17.

Respectfully submitted,
MARTIN & FERRARO, LLP

By:


 Amadeo F. Ferraro
 Registration No. 37,129

Date: March 13, 2008

1557 Lake O'Pines Street, NE
Hartville, Ohio 44632
Telephone: (310) 286-9800
Facsimile: (310) 286-2795

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FORM PTO-1083

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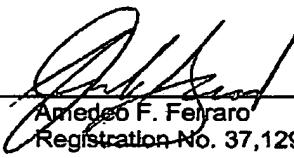
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Respectfully submitted,

MARTIN & FERRARO, LLP

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RESPONSE UNDER 37 C.F.R. 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 3738

PATENT

Attorney Docket No. 101.0084-01000
Customer No. 22882

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In re Application of:
Gary K. Michelson) Confirmation No.: 8295
Serial No.: 09/921,844)
Filed: August 3, 2001) Group Art Unit: 3738
For: SPINAL IMPLANT SURFACE) Examiner: Bruce E. Snow
CONFIGURATION))

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

AMENDMENT AFTER FINAL

In reply to the Final Office Action of December 17, 2007, and pursuant to
37 C.F.R. § 1.116, Applicant proposes that this application be amended as follows:

Amendments to the Claims are reflected in the listing of claims which begins on
page 2 of this paper.

Remarks begin on page 12 of this paper.

Amendment After Final 03-13-08